
PENRITH RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the


MEDICAL OFFICER OF HEALTH

and

SANITARY SURVEYOR

FOR THE YEAR

1953



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MANSION HOUSE,
PENRITH,
July, 1954.

*To the Chairman and Members of the
Penrith Rural District Council.*

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report on the health of the district for the year 1953.

The population as estimated by the Registrar General shows a decrease of 60 over the 1952 figure and, at 11,450, is very near the average of 11,472 recorded for the past ten years.

The Birth rate of 16.4 compares favourably with the rate of 15.5 for England and Wales, but shows a fall from the rate of 19.3 recorded in 1952.

The Death rate of 10.1 is practically the same as for 1952 and compares with the rate of 11.4 for England and Wales.

The Infantile Death rate at 31.9 shows an improvement over the 1952 figure of 36.0, but is still above the England and Wales rate of 26.8.

The incidence of infectious diseases showed a very decided increase due entirely to a widespread Measles outbreak. Of a total of 256 notifications no less than 207 related to Measles cases.

For the ninth successive year there was no confirmed case of Diphtheria in the district—surely ample proof of the efficacy of the Immunisation Campaign inaugurated in 1940.

I should like to express my thanks to the members of the Council for their help and support during the past year.

My thanks are also due to all members of the staff for their loyal help and co-operation.

I am, Ladies and Gentlemen,

Your obedient Servant,

K. J. THOMSON,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the District (in acres)	181,531
Number of Inhabited Houses	3,466
Rateable Value	£51,668
Sum represented by a Penny Rate	£209 14s. 10d.
Registrar General's estimate of the population ..	11,450

Population.

The Registrar General's estimate of the population at 11,450 shows a decrease of 60 over the previous year. For the past 10 years there has not been any great variation in population figures, the average being 11,472. The highest figure during this period was 11,610 in 1949, while the lowest was 11,200 in 1945.

Agriculture and Dairy Farming continue to be the staple industries of the district, with lime works, paper mills and quarries as additional sources of employment. Considerable numbers of engineers and technicians are also employed at the B.B.C. short wave station at Skelton. There has been no new industry or work introduced during the year.

VITAL STATISTICS.

Births	Males	Females	Total
(a) Live Births :—			
Legitimate ..	102	81	183
Illegitimate ..	1	4	5
	<hr/>	<hr/>	<hr/>
	103	85	188
	<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 of population		..	16.41
(b) Still Births :—			
Legitimate ..	2	4	6
Illegitimate ..	-	-	-
		<hr/>	<hr/>
		6	
		<hr/>	<hr/>
Rate per 1,000 (total births live and still)			30.9

Deaths	Males	Females	Total
Deaths, all ages ..	57	59	116
Death Rate per 1,000 of population	10.13
Deaths from Puerperal Causes	Nil
Maternal Mortality Rate	Nil
Death Rate of Infants under one year :—			
All Infants per 1,000 live births	31.9
There were no deaths of Illegitimate Infants			
Deaths from :—			
Cancer	15
Measles	Nil
Whooping Cough	Nil
Diarrhoea (under two years of age)	Nil

Table showing the Vital Statistics for England and Wales and certain groups in the County of Cumberland for the year 1953 :—

	Birth Rate	Crude Death Rate	Infantile Mortality Rate
England and Wales	15.5	11.4	26.8
Administrative County of Cumberland ..	16.7	11.9	27.0
Urban Districts of Cumberland (including Boroughs of Workington and Whitehaven)	17.5	11.8	30.0
Rural Districts of Cumberland	16.2	11.9	24.0
Rural District of Penrith	16.4	10.1	31.9

Infantile Mortality.

There were 6 deaths of infants under one year of age, giving an Infantile Mortality Rate of 31.9 per 1,000 live births. This rate reflects a slight improvement over last year when the figure was 36.0, but is above the 1953 rate of 26.8 for the Country as a whole.

The details are as follows :—

1. Boy born at home and died within 3 hours of Prematurity.
2. Boy born in Nursing Home and died in Maternity Hospital, Carlisle, of Prematurity and Intra-Cranial Haemorrhage, aged 17 hours.

3. Boy born at home, died there of Congenital defect, aged 3 months.
4. Boy born in Maternity Home, died in Newcastle Hospital of Congenital defect, aged 2 months.
5. Girl born in Hospital and died in Maternity Hospital, Carlisle, of Aspiration Pneumonia and Prematurity, aged 8 days.
6. Boy born in Hospital and died in Maternity Hospital, Carlisle, of Congestive heart failure, aged 7 days.

Maternal Mortality.

No Puerperal or Maternal death was recorded during the year, this being the tenth successive year without a maternal death.

Cancer Mortality.

There were 15 deaths from Cancer, giving a rate of 1.31 per 1,000 of the population and equal to 12.9% of all deaths. These figures are practically the same as for the previous two years and are a little below the figures for England and Wales.

It will be noted from the Table below that, whereas the Registrar General records 7 Male and 8 Female Cancer deaths, my own records show that there were 6 Male and 9 Female deaths.

Location of Disease.

Alimentary System :—				..	Males.	Females.
Tongue	..	..	..	..	-	1
Parotid	..	..	..	..	1	-
Stomach	..	..	..	..	-	1
Gall-bladder		..	..	..	-	2
Liver	..	..	..	..	1	1
Pancreas	..	..	..	..	-	1
Bowel	..	..	..	..	2	1
Generalised Abdominal			..	..	-	1
Prostate	..	..	..	..	1	-
Larynx	..	..	..	..	-	1
Unidentified Tumour	..	..	..	..	1	-
Total				..	<hr/> 6 <hr/>	<hr/> 9 <hr/>

While the average age at death of all Cancer Cases was $72\frac{1}{2}$ years, the average age for Males was 74 years, against 71 years for Females.

Deaths from All Causes.

The number of deaths recorded during the year was 116, compared with 119 in 1952, giving a Death Rate of 10.1. This figure compares very favourably with the rate of 11.3 for England and Wales.

As usual, diseases of the Heart and Circulatory System accounted for the greatest number of deaths—a total of 47—representing 40.5% of all deaths. These figures show a considerable drop over 1952, when the corresponding figures were 59 and 49.6%.

Vascular lesions of the Nervous System (*i.e.* Cerebral Haemorrhage and Thrombosis) on the other hand, showed a marked increase and accounted for 25 deaths, equal to 21.5% of all deaths. In 1952, such deaths totalled 15, equal to 12.6% of all deaths.

Deaths from Cancer numbered 15, representing 12.9% of all deaths, being the same as for 1952.

Diseases of the Respiratory System, excluding Tuberculosis, caused 5 deaths (against 7 in 1952) equal to 4.3% of all deaths.

Deaths from Motor Accidents increased to 6, from 2 in 1952, while deaths from all other accidents remained the same at 3.

Causes of Death as given by the Registrar General—1953.

Males. Females. Total.

1.	Tuberculosis (Respiratory)	..	..	..	-	-	-
2.	Tuberculosis (Other)	..	..	..	-	-	-
3.	Syphilitic Disease	..	..	..	1	-	1	
4.	Diphtheria	..	..	..	-	-	-
5.	Whooping Cough	..	..	..	-	-	-
6.	Meningococcal Infections	..	..	..	-	-	-
7.	Acute Poliomyelitis	..	..	..	-	-	-
8.	Measles	..	..	..	-	-	-
9.	Other Infective and Parasitic Diseases	..			-	-	-	
10.	Malignant Neoplasm—Stomach	..	..		-	1	1	
11.	Malignant Neoplasm—Lung, Bronchus	..			-	-	-	
12.	Malignant Neoplasm—Breast	..	..		-	-	-
13.	Malignant Neoplasm—Uterus	..	..		-	-	-
14.	Other Malignant and Lymphatic Neoplasms				7	7	14	
15.	Leukaemia, Aleukaemia	..	..	..	-	-	-
16.	Diabetes	..	..	..	-	-	-
17.	Vascular Lesions of Nervous System	..			8	17	25	
18.	Coronary Disease—Angina	..	..		9	4	13	
19.	Hypertension with Heart Disease	..	..		-	-	-
20.	Other Heart Diseases	..	..	..	7	23	30	
21.	Other Circulatory Diseases	..	..	..	3	1	4	
22.	Influenza	..	..	..	-	-	-
23.	Pneumonia	..	..	..	2	2	4	
24.	Bronchitis	..	..	..	1	-	1	
25.	Other Diseases of Respiratory System	..			-	-	-	
26.	Ulcer of Stomach and Duodenum	..			2	1	3	
27.	Gastritis, Enteritis and Diarrhoea	..	..		-	-	-
28.	Nephritis and Nephrosis	..	..	..	-	-	-
29.	Hyperplasia of Prostate	..	..	..	2	-	2	
30.	Pregnancy, Childbirth, Abortion	..	..		-	-	-
31.	Congenital Malformations	..	..	..	2	-	2	
32.	Other Defined and Ill-defined Diseases	..			6	1	7	
33.	Motor Vehicle Accidents	..	..	..	4	2	6	
34.	All Other Accidents	..	..	..	3	-	3	
35.	Suicide	..	..	..	-	-	-
36.	Homicide and Operations of War	..	..		-	-	-
	All Causes	..	..	..	57	59	116	

Age Groups at Death of all Cases, 1953

Age Group	Under 1 year	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Males	5	1	-	-	-	1	2	1	-	6	18	23	57
Females	1	-	1	-	-	-	-	-	2	9	14	32	59
Total	6	1	1	-	-	1	2	1	2	15	32	55	116

NOTE :—

75% of total deaths occurred in age groups of 65 years and over.

64% of total deaths occurred in people of 70 years of age and over.

One male died at the age of 101 years.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(i) Public Health Department Staff.

K. J. Thomson, M.B., Ch.B., D.P.H., L.M., Part time Medical Officer of Health, appointed 1st July, 1953.

J. A. Sedgwick, A.R.San.I., M.S.I.A., Surveyor and Chief Sanitary Inspector.

N. H. Peel, A.R.San.I., M.S.I.A., Assistant Sanitary Inspector, appointed 1st October, 1953.

E. A. Burne, M.Inst.R.A., Architect and Housing Officer.

D. Wood, Assistant in Health and Housing Department.

J. E. A. Burne, General Clerk, appointed 1st September, 1953.

Miss I. Coulston, Clerk in Public Health Department.

(ii) Laboratory Facilities.

These are provided by the Public Health Laboratory Service at the Cumberland Infirmary, under the direction of Dr. J. Steven Faulds. I am indebted to Dr. Faulds and his staff for their help and advice during the year.

(iii) Hospital and Ambulance Services.

There was no change in the arrangement for these services during the year.

Nursing in the Home.

The County Council, being the responsible Authority, provide the following services :—District Nurses, Midwives, Home Helps and Health Visitors.

There has been no alteration in the numbers as given in the 1952 report.

Notification of Infectious Diseases—1953 in Age Groups.

Diseases.	Ages.														T	AH	D
	-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	55-	65-				
Measles	1	4	11	17	20	117	34	1	2	-	-	-	-	207	-	-	-
Whooping Cough ..	1	2	-	-	2	5	-	-	-	-	-	-	-	10	-	-	-
Scarlet Fever ..	-	1	-	1	5	9	1	-	-	-	-	-	-	17	-	-	-
Acute Poliomyelitis ..	-	-	-	-	-	1	-	1	-	-	-	-	-	2	2	-	-
Primary or Influenzal Pneumonia	-	3	-	-	1	3	-	1	-	2	3	-	4	17	-	-	4
Puerperal Pyrexia ..	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-
Erysipelas ..	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Encephalitis ..	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-
TOTALS	2	10	11	18	28	135	35	3	3	2	4	1	4	256	3	3	4

Key :—
T Total.
AH Admitted to Isolation Hospital.
D Deaths.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

The total number of notifications of infectious diseases received, showed a considerable rise over the previous year—256 against 108—the increase being due to an outbreak of Measles.

There were 4 deaths from infectious diseases, all being due to Pneumonia.

Measles.

The epidemic, which commenced at the beginning of the year, reached its peak during April and May, but, to my knowledge, no case was severe enough to warrant admission to Hospital. A total of 207 cases was notified and they were not confined to any particular area.

Scarlet Fever.

Seventeen cases were notified in 1953, being four less than in the previous year. No one was admitted to Hospital as it is the present policy to admit only very severe cases or where home-nursing and isolation is not possible.

The cases were scattered throughout the district but 6 cases occurred in the Hunsonby—Langwathby area and it may be of interest to report this small localised outbreak in more detail.

Following the receipt of notification of two cases attending the same school, soon after the beginning of the September term, I paid visits to the school and swabbed all those present. I found that one child had been off school from late June with Scarlet Fever, and had just restarted. This child proved to be a “carrier” of the germ of scarlet fever and 4 other children were also found to be “carriers.”

Visits were also paid to those absent (apart from the notified cases) and two proved to be positive cases and in due course were notified as Scarlet Fever.

All positive swab cases were excluded from school and, by arrangement with the private practitioners concerned, all received treatment with penicillin. Only after obtaining two negative throat swabs were the children allowed back to school.

I would here express my grateful thanks to the General Practitioners and the District Nurse concerned, for their willing help and co-operation in dealing with this outbreak.

Pneumonia.

Seventeen cases were notified, varying in age from 1 year to over 80 years, and there were four deaths. In 1952 there were nine cases, also with four deaths.

Whooping Cough.

Only ten cases occurred, compared with 52 in 1952. To my knowledge, no case required to be admitted to Hospital on account of severity of the disease.

Acute Poliomyelitis.

Two cases were notified and both were admitted to Hospital. Considering there was a very definite outbreak in and around Carlisle and the Border Rural Area during the latter half of the year, it was fortunate that there were not more cases in the Penrith Rural Area.

The first case concerned a girl of 18 years who was notified as a case of paralytic poliomyelitis on 17th June, 1953, having been admitted to Carlisle Hospital on 14th June, 1953, with suspicious symptoms. She developed paralysis of both arms and left leg and was transferred eventually to Oswestry Orthopaedic Hospital about the end of July. Despite the extensive initial paralysis, she was discharged home before Christmas, 1953, with good recovery of leg muscles but with some weakness of shoulder muscles.

The second case related to a girl of 9 years who was admitted to the Infectious Diseases Hospital, Carlisle, on 24th October, 1953, as a case of Meningitis. As a result of further developments and investigation, she was notified as a case of non-paralytic poliomyelitis on 4th November, 1953. She made a complete recovery and was discharged home on 17th November, 1953. This child attended a school near Carlisle and had paid frequent visits to the City and probably was infected in this way, although it was not possible to trace contact with a known case.

In both cases, personal visits were paid to the homes and instructions given to the family contacts regarding precautions to be taken, with particular reference to personal hygiene. School contacts (brothers and sisters of the cases) were excluded for a period of three weeks.

Encephalitis.

A male, aged 54 years, was admitted to Carlisle Hospital with obscure cerebral symptoms which were eventually diagnosed as being due to Encephalitis of unknown origin. He made a good recovery and was discharged home after a three weeks stay in Hospital.

Puerperal Pyrexia.

Only one case occurred, compared with three in 1952. The patient was treated at home.

Diphtheria.

One case was notified on suspicion and removed to Hospital but subsequent bacteriological investigation proved negative. This was, therefore, the ninth successive year without a case of Diphtheria in the area. The continued freedom from this disease is entirely due to the preventive work of the Immunisation Campaign commenced in 1940. It is now realised that not only should a child be immunised before the age of one year, but that re-immunisation should be carried out at 4-5 year intervals up to the age of 10 years.

It is disappointing to report that the figures for those immunised during 1953 showed a very marked drop over previous years. This was due chiefly to two factors :—

(a) No Medical Officer was appointed to the area until July, 1953.

(b) The prevalence of Poliomyelitis in Cumberland and especially in the Carlisle-Border area. As a result of this, practically no immunisations were carried out from June to November.

In all, 73 children received Primary inoculations and only 2 were re-immunised.

In the decade 1931-40, deaths from Diphtheria averaged 2,800 yearly while notifications were over 50,000 (England and Wales figures).

Since 1944, records have been kept of corrected diagnosis following notification and the following figures show how effective immunisation has been.

Year.	ENGLAND & WALES.		PENRITH RURAL DISTRICT.	
	Notifications.	Deaths.	Notifications.	Deaths.
1944	23,199	934	4	-
1945	18,596	722	-	-
1946	11,986	472	-	-
1947	5,609	244	-	-
1948	3,575	156	-	-
1949	1,890	84	-	-
1950	962	49	-	-
1951	664	33	-	-
1952	376	32	-	-
1953	240	24	-	-

Smallpox.

No case or known contact of smallpox occurred in the area.

TUBERCULOSIS.

The following table gives particulars of new cases added to the Register during the year :—

AGE.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
To one year	..	-	-	-	-	-	-	-
1— 5 years	..	-	-	-	-	-	-	-
5—15 years	..	-	-	2	-	-	-	-
15—25 years	..	4	2	1	-	-	-	-
25—35 years	..	2	1	1	-	-	-	-
35—45 years	..	3	-	-	-	-	-	-
45—55 years	..	-	2	-	-	-	-	-
55—65 years	..	-	1	1	-	-	-	-
65 and upwards	..	-	-	-	-	-	-	-
TOTALS	..	9	6	3	2	-	-	-

In the above total of 20 notified cases, two refer to inward transfer cases, *i.e.* cases previously notified in another district, who had moved into the Penrith Rural Area during the year. Four cases were discovered through the Mass Radiography Service.

There was no recorded death from any form of Tuberculosis during the year, as against 4 deaths in 1952.

The total number of cases on the register at 31st December, 1953, was 58, an increase of 14 over the previous year.

Males.		Females.	
Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
22	6	23	7

The Mobile Miniature Mass Radiography Unit paid two visits to Penrith during the year, being based in Penrith town for 9 days in February and March and again in September. Altogether a total of 2,949 of the general public was thus X-rayed and 7 new active cases of Pulmonary Tuberculosis discovered, not to mention other diseases and abnormalities of the lungs and heart. I would point out that the above figures relate to people living in and around Penrith as it was not possible to obtain separate figures for Penrith Urban and Penrith Rural population attending for X-ray. Of the 7 new cases discovered however, 4 related to patients living in Penrith Rural Area.

Dr. W. H. Morton, the Medical Director of the Unit, had hoped to hold sessions in the Rural Area itself but unfortunately this was not possible in 1953.

SANITARY CIRCUMSTANCES OF THE AREA.

I am obliged to Mr. J. A. Sedgwick, Sanitary Surveyor, for the following report :—

Sir,

I have pleasure in presenting my Annual Report for 1953 as follows :—

Water Supplies.

The Penrith Rural District receives its water supply from three major sources, namely Aira Beck, Bullfell (Mungrisdale) and Clint (Hesket). In addition individual sources from thirteen fell springs, with limited areas of supply, deal with the remainder of the area.

The Aira Beck supply receives full filtration and chlorination treatment at the Dowthwaite Head Filter Works. No other supply receives any treatment.

A regular system of bacteriological sampling of water from all these sources is undertaken, and the reports received from the Bacteriologist at The Cumberland Pathological Laboratory, Carlisle, indicate that the water is usually of a high standard of bacteriological purity, and perfectly suitable for human consumption. Occasional adverse reports are received, particularly after spells of wet weather, indicating slight surface pollution, caused by animals grazing in the vicinity of the gathering grounds. This pollution clears up very rapidly.

The following table, divided into Parishes, gives the estimated particulars of the population, number of occupied dwelling-houses, and the number of such houses connected with the public service main :—

Parish.	Popu- lation.	No. of Houses.	No. of Houses supplied.	Population Served.	
				Direct to House.	From Standpipe.
Ainstable ..	525	155	133	420	14
Castle Sowerby ..	529	105	99	499	—
Catterlen ..	254	93	93	254	—
Culgaith ..	664	199	198	658	—
Dacre ..	879	299	282	835	—
Glassonby ..	339	97	90	312	—
Great Salkeld ..	368	112	109	355	—
Greystoke ..	437	160	154	412	—
Hesket ..	2,009	575	541	1,820	22
Hunsonby ..	377	111	108	364	—
Hutton ..	347	96	92	332	—
Kirkoswald ..	782	244	181	562	6
Langwathby ..	471	181	174	434	4
Lazonby ..	619	206	192	557	6
Matterdale ..	637	186	77	223	—
Mungrisdale ..	372	101	71	253	—
Ousby ..	380	107	98	352	—
Skelton ..	871	267	258	832	5
Threlkeld ..	590	171	136	424	6
	<hr/> 11,450	<hr/> 3,465	<hr/> 3,086	<hr/> 9,898	<hr/> 63

From the foregoing statistics it will be seen that approximately 89% of the houses in the Penrith Rural Area are in receipt of a supply of water from the Council's mains, only 379 houses out of a total of 3,465 not being connected thereto.

The average daily consumption throughout the year is calculated at 600,000 gallons for all purposes, or approximately 60 gallons per head per day.

Normally the supply is adequate to meet all demands apart from certain high-lying parts of the area, where the twice daily demand for milk cooling results in intermittency of supplies, particularly in the Lamonby, Johnby, Newbiggin, Catterlen and Newton Reigny areas. A prolonged spell of dry weather, or an undetected main fracture, seriously aggravates this position, and until the major water main extension from High Larches reservoir to these villages has been completed no improvement can be effected. During the year delivery of the new main has taken place and work commenced on this extension in December. This work will be carried out by the Council by direct labour, with concentration on the work in the Lamonby and Johnby areas, and an early improvement in the supply situation there can be expected.

A certain amount of anxiety is felt with regard to the Heskett Supply from the Clint Springs. In consequence of the small diameter of the feeding main into Ruckcroft Reservoir only 60,000 gallons per day can be delivered.

This is barely sufficient to meet the normal demand in the area of supply. Any slight undetected leakage in this district is sufficient to empty the reservoir very rapidly, and it is imperative that this supply should be augmented at an early date. Unfortunately, the dry weather flow at the Clint Springs is such that the question of enlarging or increasing the supply from the source by means of a duplicate feeding main is out of the question. This matter is now receiving the consideration of the Council, and the preparation of a scheme to meet the difficulty is now being prepared.

The Council have now practically completed their programme for metering all supplies to farms, and some 600 of these dairy farms are now paying for water consumed by meter. The result of this policy has been a more even distribution of available water due to the prevention of avoidable waste, and, even in those areas where intermittency of supply occurs, the periods of total absence of supply have been cut down appreciably.

Sewerage.

Although work is in progress all the time in the preparation of schemes for many villages in the area, the complexities of obtaining consent from all the interested bodies, and the natural objections of owners of proposed sites to have disposal works built upon their land, is such that progress is disappointingly slow, and the Council are not yet in a position to obtain ministerial consent to the carrying out of any of their schemes. The majority are however in an advanced state of preparation, and it is hoped that more rapid progress will be made.

Refuse Collection.

The refuse collection scheme operates in exactly the same manner as in previous years, that is to say a once fortnightly collection is made throughout practically the whole of the large and widely scattered rural area. This method cannot be improved other than by the complete duplication of the scheme.

For collection purposes a C.K.3 Karrier Refuse Vehicle is employed, which has proved itself to be eminently suitable for this district. Modern methods of rodent control are operated successfully at all of the Council's refuse tips.

Schools.

Regular inspections are made of all schools in the area, particularly in connection with the provision and maintenance of satisfactory sanitary accommodation. Generally speaking the accommodation provided is maintained at a satisfactory standard, and it is unfortunate that the absence of proper sewage disposal facilities necessitates the using of pail closets at High Hesket and Plumpton.

Factories Act, 1937.

All factories in the area are regularly inspected, remedial measures being insisted upon where irregularities are discovered.

Food and Drugs Act, 1938.

All food shops in the area are kept under close supervision, and the attention of all food handlers is constantly called to the care required to maintain a proper standard of hygiene where foodstuffs are concerned.

During the course of food inspection, the following items of food were condemned as unfit for human consumption :—

- 1 tin Pork Brawn.
- 2 tins Minced Beef Loaf.
- 2 tins English Canned Gammon.
- 1 tin Pears.

Disinfection and Disinfestation.

Following the notification of cases of infectious disease, disinfection of the premises is carried out immediately after removal to hospital, or upon the termination of the illness in those cases where it was not considered necessary to remove the patient to an infectious diseases hospital.

It has not been necessary to deal with any filthy or verminous premises during the year, or to deal with any houses infested with bed bugs.

Milk and Dairies Regulations, 1949.

Under the above regulations samples are now taken twice yearly from accredited and ungraded producer retailers in the area. These are forwarded to the Cumberland Pathological Laboratory for biological testing for tubercle.

Sampling results are as under :—

Total samples taken	..	24
Positive for tubercle	..	Nil

Ice Cream.

There is only one producer of ice cream in the area, whose premises are regularly inspected, and samples taken frequently to ensure that the product is in all respects fit for consumption.

New Houses.

The Council are proceeding slowly and steadily with their programme of providing houses for agricultural and other workers in as many localities in their area as possible.

Since the cessation of the last war, houses have been built by the Council on the undermentioned sites :—

Lazonby 8	Ainstable 4
Langwathby .. 12	Low Braithwaite .. 2
Culgaith 8	Pallet Hill 2
Hunsonby 8	Catterlen 2
Newbiggin 10	Skirwith 8
Stainton 16	Glassonby 4
Low Hesket .. 6	Renwick 4
Calthwaite .. 8	Auldby 2
Edenhall 4	Low Plains 4
Greystoke 14	Armathwaite .. 2
Great Salkeld .. 4	Mellguards 2
Howes 2	Aikbank 4
Ousby 4	Melmerby 4
Salkeld Dykes .. 4	Skelton 6
Blencowe 4	Threlkeld 18
Plumpton 6	Little Salkeld .. 2
Dacre 2	Gamblesby 4
Penruddock .. 2	Kirkland 2
Kirkoswald .. 6	

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During the war 16 houses were erected by the Council as under :—

Thiefside 4	Kirkoswald (Highbankhill) 4
Culgaith 4	Newton Reigny 2
Low Hesket .. 2	

16

Prior to the war the Council had erected 63 houses in various parts of the area as under :—

Clickem (Blencowe) 4	Hutton End 2
Catterlen 2	Kirkoswald 6
Culgaith 4	Langwathby 6
Dacre 2	Lazonby 8
Plumpton 3	Threlkeld 6
Stainton 6	Calthwaite 3
Southwaite 2	Low Hesket 4
Hunsonby 5	

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In all the Council has now completed 283 Council houses and at the end of the year 40 houses were in various stages of erection.

In addition 51 houses since the war have been erected by private enterprise.

SANITARY INSPECTION OF THE AREA.

Summary of Inspections Made.

Workshops	28
Petrol Stores	70
Carbide Stores	2
Works in Progress—New Drains, etc.	146
New Buildings	172
General Inspections	312
Inspections <i>re</i> Complaints received	92
Inspections under Housing Acts	106
Inspections of School	48

Works Carried Out.

Premises cleansed	Nil
Roofs repaired	16
New Spouting fixed	12
Air Drains fixed	Nil
Floors relaid and repaired	14
Walls repaired or cemented	26
Scullery Sinks trapped	4
Water Closets constructed	42
Sewers and Drains repaired and cleansed	38
New Septic Tanks built	33
Water Supplies carried to houses	18
New Baths fixed	32
New Houses completed	34
Houses altered or repaired	46
New Windows fixed	44
New Ceilings put up or repaired	28
New Slop Sinks fitted to houses	12
Obstructed Drains cleansed	47
Drains tested	96

Yours faithfully,

J. A. SEDGWICK,
Surveyor and Sanitary Inspector.

